



DT02 Rec'd PCT/PTO 16 OCT 2003

PCT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: RÖNSPECK et al.

Serial No.: 10/088,681

Group Art Unit: 1646

Filed: June 21, 2002

For: PEPTIDES FOR COMBATING THE AUTOANTIBODIES THAT ARE
RESPONSIBLE FOR DILATATIVE CARDIOMYOPATHY (DCM)

REQUEST FOR FILING RECEIPT CORRECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1405

Sir:

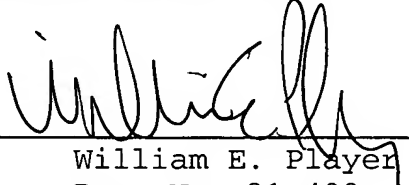
Please correct the original filing receipt, copy
attached, for the above-identified application as follows:

In the "Title", please change "Peptidesfor" to --Peptides
for--.

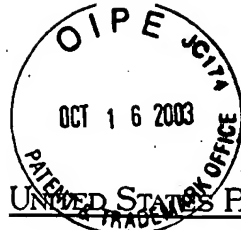
Kindly return the "Corrected" filing receipt to the
undersigned attorneys of record.

Respectfully submitted,

JACOBSON HOLMAN PLLC

By: 
William E. Player
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Atty. Docket: P67710US0
Date: October 16, 2003
WEP:crj



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/088,681	06/21/2002	1646	1020	P67710USO		12	1

CONFIRMATION NO. 4832

00136

JACOBSON HOLMAN PLLC
 400 SEVENTH STREET N.W.
 SUITE 600
 WASHINGTON, DC 20004

FILING RECEIPT



OC000000010942689

Date Mailed: 09/30/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Wolfgang Ronspeck, Berlin, GERMANY;
 Rudolf Kunze, Stegelitz, GERMANY;
 Gerd Wallukat, Berlin, GERMANY;
 Manuela Dierenfeld, Blankenfelde, GERMANY;

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/EP00/09241 09/21/2000

Foreign Applications

EUROPEAN PATENT OFFICE (EPO) 99118630.5 09/21/1999
 EUROPEAN PATENT OFFICE (EPO) 99118631.3 09/21/1999

If Required, Foreign Filing License Granted: 09/28/2003

Projected Publication Date: None, application is not eligible for pre-grant publication

Non-Publication Request: No

Early Publication Request: No

Title

Peptides for combating the autoantibodies that are responsible for dilatative cardiomyopathy (dcm)

Preliminary Class

514

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 4832

SERIAL NUMBER 10/088,681	FILING OR 371(c) DATE 06/21/2002 RULE	CLASS 435	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. P67710USO
APPLICANTS Wolfgang Ronspeck, Berlin, GERMANY; Rudolf Kunze, Stegelitz, GERMANY; Gerd Wallukat, Berlin, GERMANY; Manuela Dierenfeld, Blankenfelde, GERMANY;				
** CONTINUING DATA ***** This application is a 371 of PCT/EP00/09241 09/21/2000				
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 99118630.5 09/21/1999 EUROPEAN PATENT OFFICE (EPO) 99118631.3 09/21/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/28/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u> </u> Examiner's Signature Initials	STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
ADDRESS 00136				
TITLE Peptides for combating the autoantibodies that are responsible for dilatative cardiomyopathy (dcm)				
FILING FEE RECEIVED 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	